

Instructions: Use this cover sheet when submitting applications and supporting documents for new and renewing day care home providers. These documents must be submitted between the 20th and the 25th of the month. Payment of submitted claims for new providers will be delayed if application packets are not received prior to their inclusion on the claim. Please complete the following information and mail to: CACFP, NYS Dept. of Health – DON, 150 Broadway FL 6 West, Albany, NY 12204-2719. Additional sheets may be used if necessary.

PART I Sponsor Information:

Sponsor: _____ Agreement Number: _____

Changes for the Month of: _____

PART II New/Renewal Providers:

The following forms must be submitted for each new or renewing provider: **(1) an original Application and Agreement for Day Care Homes Participation (DOH-3705), and (2) a copy of the current day care registration, license, or statement of enrolled status.** Please indicate if each application is for a new or renewing provider.

Provider Name	New	Renewal	Provider Name	New	Renewal
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	6. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	7. _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	8. _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	9. _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	10. _____	<input type="checkbox"/>	<input type="checkbox"/>

PART III Copies of Renewed Registration/License(s) submitted to CACFP:

- A. Attached are _____ letters from the licensing authority indicating day care home providers who are in the process of renewing their registration/license.
- B. Attached are _____ renewed or updated (e.g., address, name or capacity changes) registration/license(s).

PART IV Updates/Changes: (Examples-closed or dropped providers, changes in provider's status). Please refer to the back for instructions on what to send to CACFP when there are changes to a provider's information, and describe below:

Submitted by: _____
Name/Title Telephone Number

What to submit when there have been changes in a provider's information since the last application (DOH-3705) was submitted:

TYPE OF CHANGE:	WHAT TO DO:	WHAT TO SUBMIT TO CACFP:
The provider has changed the hours of operation, days of operation, meals served, or times of meal service.	Record these changes on the DOH-3705 and in your files on the CACFP Homes System for this provider.	Nothing.
The provider has moved.	The provider must be registered or licensed at the new address to continue participation. Suspend provider until new certificate or letter is received. Must conduct site visit, complete a new DOH-3705, and re-determine the Tier status for the new address.	Send the new day care registration or license (or letter) with the new address and an updated DOH-3705. Indicate that the provider moved on the reverse side of this form.
There is a change in the licensed capacity or the provider receives a renewed day care registration or license.	Update this change in your files and in the CACFP Homes System.	Send a copy of the new registration or license certificate or letter to CACFP with this form.
The provider has closed or withdrawn from your CACFP sponsorship.	Update your provider files and make the provider "inactive" or "closed" in the CACFP Homes System with the date of closure noted in the comment field.	Indicate on the reverse side of this form that the provider is closed with the effective date.
There is a change in the provider's name.	The provider must be registered or licensed under the new name to continue participation. Update your provider files and the CACFP Homes System.	Indicate on the reverse side of this form that the provider's name has changed. Submit the new certificate or letter when received.
There is a change in the provider's Tier status.	Update your provider files and the CACFP Homes System.	Indicate on the reverse side of this form that the provider's Tier status has changed. Begin claiming the provider at the new Tier rate.